

STATEMENT OF SERVICE - FOR COMPUTATION OF LENGTH OF SERVICE FOR PAY PURPOSES

For use of this form, see AR 37-104-4; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT**Authority:** 37 USC, Section 1006; Executive Order 9397.**Purpose:** This form is used to document a member's request for verification of military service. It is also used to adjust a soldier's Other Entry Pay Effective Date (OPEd) and Basic Pay Entry Effective Date (BPED) which will affect the rate and period of basic pay entitlement.**Routine Uses:** Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS) and is subject to all of the routine disclosures made by that system. Routine recipients of JUMPS disclosures include, but are not limited to the Red Cross and State and local governments for tax and welfare purposes.**Disclosure:** Voluntary; however, nondisclosure may result in nonverification of service. Disclosure of your social security number (SSN) is voluntary; however, this form will not be processed without your SSN because it is used to identify you for pay purposes.

1. LAST NAME, FIRST NAME, MIDDLE INITIAL

3. COMPLETE MAILING ADDRESS (Unit Personnel Officer, if member on AD) (Unit Commander, if member of ACDUTRA)

2. SSN

I have held a commission; appointment as commissioned warrant officer, warrant officer, flight officer, or Army field clerk; or have been enlisted as a member of the respective service(s) shown below for the inclusive period indicated. All National Guard service claimed hereon was federally recognized; it was not in the inactive National Guard; all officers' training camp service was in the capacity of an enlisted person and all initial appointments are shown from the date of acceptance.

4. SERVICE (Army, Air Force, Navy, etc.)	5. CHECK			6. FROM			7. TO			8. TIME LOST (Days)	9. COMPUTATION		
	ENL	WO	COM	YR.	MO.	DAYS	YR.	MO.	DAYS		YR.	MO.	DAYS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

10. Total creditable service (years) →

11a. SIGNATURE OF MEMBER

11b. DATE

FOR USE BY THE ADJUTANT GENERAL (When statement above is incorrect, correct service will be entered.)

12. SERVICE (Army, Air Force, Navy, etc.)	13. CHECK			14. FROM			15. TO			16. TIME LOST (Days)	17. COMPUTATION		
	ENL	WO	COM	YR.	MO.	DAYS	YR.	MO.	DAYS		YR.	MO.	DAYS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

18. Total service creditable for basic pay (years) →

19a. AUTHENTICATION

19b. DATE